The Chinese experiences with treatment as prevention

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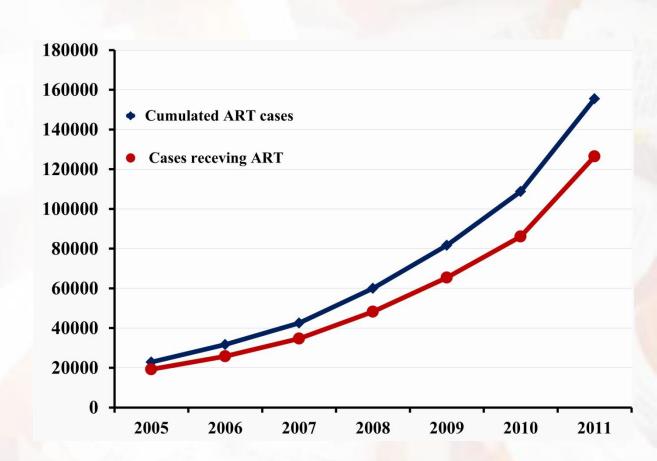
Antiretroviral Therapy for Treatment in China

In 2012

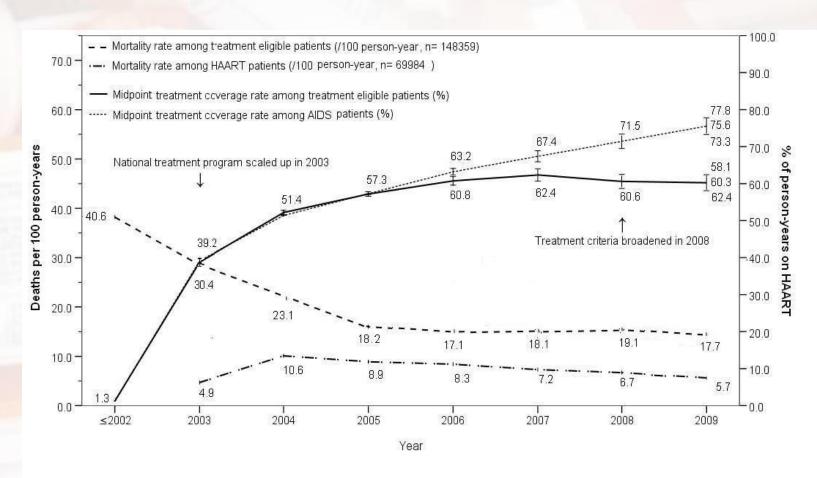
ART treatment carried out in 2,215 countries.

211,758 cases had received ART, is on 170,655(80.6%) treatment.

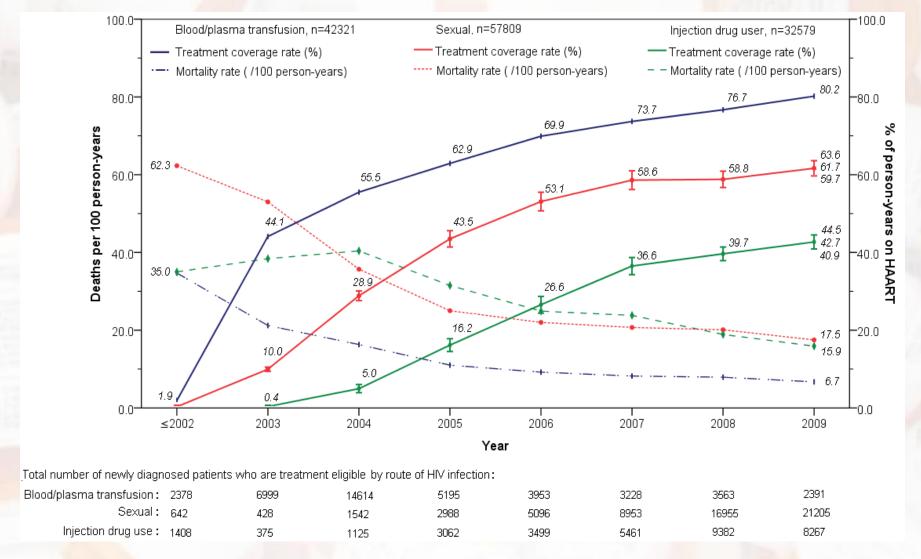
Around 20,000 with 2nd line ART



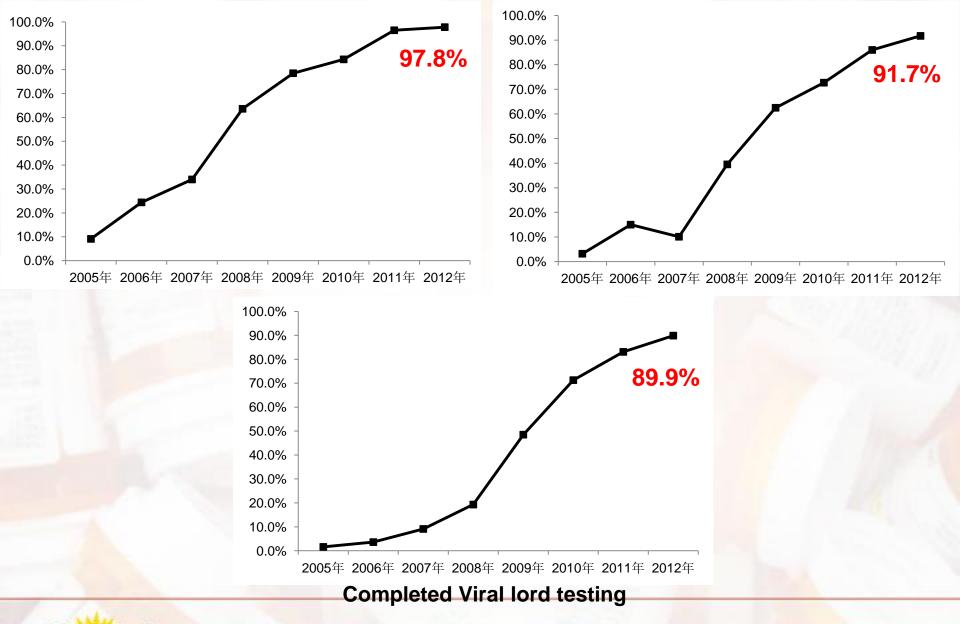
ART coverage over 70%



Zhang Fujie, et al.. Lancet Infect Dis. 2011;11



Fujie Zhang et al.. Lancet Infect Dis. 2011;11





Virologic Outcome of first line regime among patients on more than 6 months of ART

Treatment duration (months)	Patients eligible for VL tests	Patients with VL tests	Range of virologic success(%)
6-	9097	9072	86.5*-86.8
12-	18131	14649	70.2*-87.0
24-	14119	11357	70.3*-87.4
36-	30350	24200	64.9*-81.4
Total	71697	59278	70.4*-84.8

^{*:} patients who did not have VL test during last year were assumed as virologic failure



HIV DR testing for patients who experienced failure

- Of 2007 cases of DR patients, 465 (23.2%) were resistant to one class of meds, 76.1% (1527/2007) resistant to two classes of meds, and 0.7% (15/2007) to three classes of meds
- Of all the patients being treated, HIVDR is estimated to be about 12%, with prolonged treatment failure in drug-resistance cases

ART coverage among difference HIV/AIDS groups

	2011 ART coverage(%)	2012 ART coverage(%)		
CD4≤350				
Adults	81. 9	87. 5		
Pediatric	71. 1	85. 9		
CD4>350				
Discordant couples	_	20.6		
MSM	_	5. 2		

Much improved in CD4<350/ul, but ART coverage still lower we expecte in CD4>350/ul

Antiretroviral therapy to prevent HIV transmission in serodiscordant couples in China (2003–11): a national observational cohort study

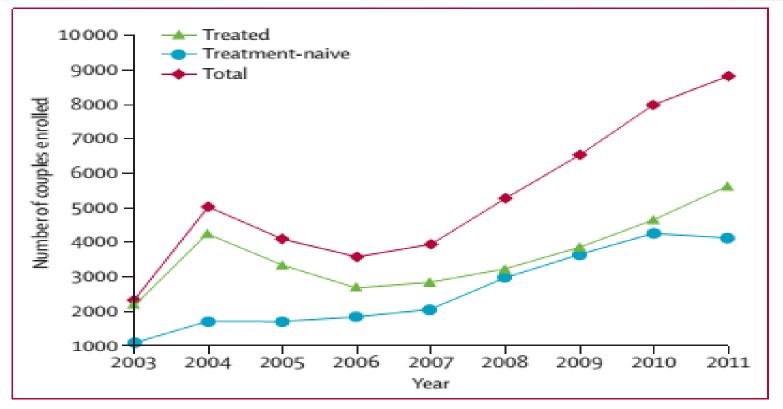


Figure 2: Serodiscordant couples enrolled, by year

Antiretroviral therapy to prevent HIV transmission in serodiscordant couples in China (2003–11): a national observational cohort study

- **Findings**: Based on data from 38 862 serodiscordant couples, with 101 295·1 person-years of follow-up for the seronegative partners,
- Treatment-naive cohort: 2.6 per 100 person-years (95% CI 2.4–2.8) (median baseline 441 cells
- ART cohort: 1·3 per 100 person-years (1·2–1·3) (median baseline CD4 count 168 cells
- 26% relative reduction in HIV transmission (adjusted hazard ratio 0.74, 95% CI 0.65–0.84)
- The reduction in transmission was seen across almost all demographic subgroups and was significant in the first year (0.64, 0.54–0.76), and among couples in blood or plasma transfusion (0.76, 0.59–0.99) or heterosexual intercourse (0.69, 0.56–0.84), but not among couples in which the HIV-positive partner was IDU (0.98, 0.71–1.36).

ART coverage in discordant couples in 2011-A Retrospective Cohort Study

ART Coverage in serodiscordant families:

44.9% in 2010

58.1% in 2011

Study population:

HIV infected person with couple HIV testing negative in 2010 and receive testing in 2011, except those had no sex or confirmed transmission through the routes other than sex. Age between 18-80.

Division of Integration and Evaluation, NCAIDS. Unpublished data

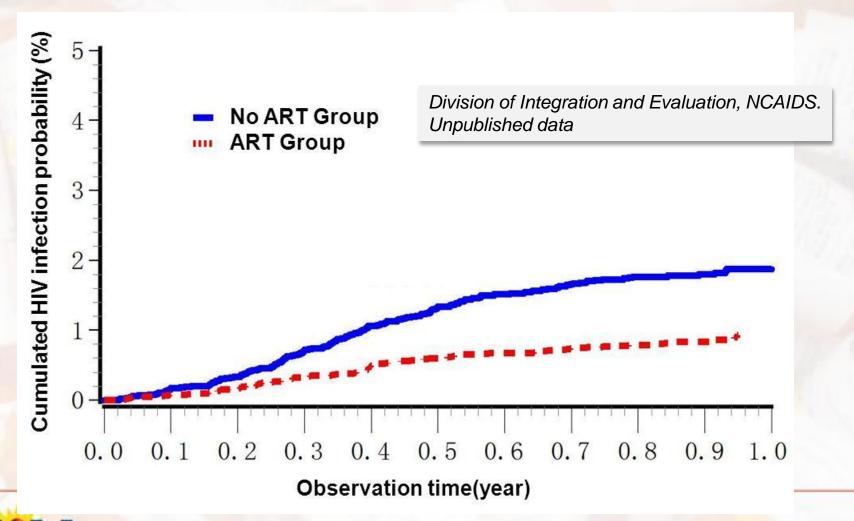
ART in Serodiscordant Couples in 2011

Division of Integration and Evaluation, NCAIDS. Unpublished data

Group	Cases	Person.year	Positive conversion cases	Positive conversion proportion (%)	Positive conversion rate (%/year)
ART	16513	12204.4	120	0.7	1.0
NO ART	14254	10948.8	226	1.6	2.1
Total	30767	23153.2	346	1.1	1.5

ART decreased 52% HIV transmission in discordant couples in China in 2011

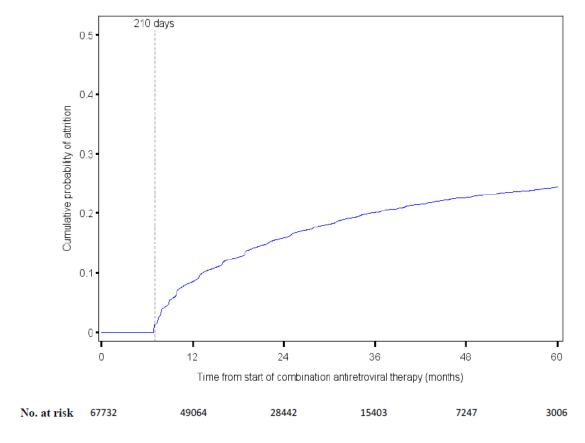
Cumulated HIV Infection Probability among Serodiscordant Couples with and without ART



When to start (from 2008)

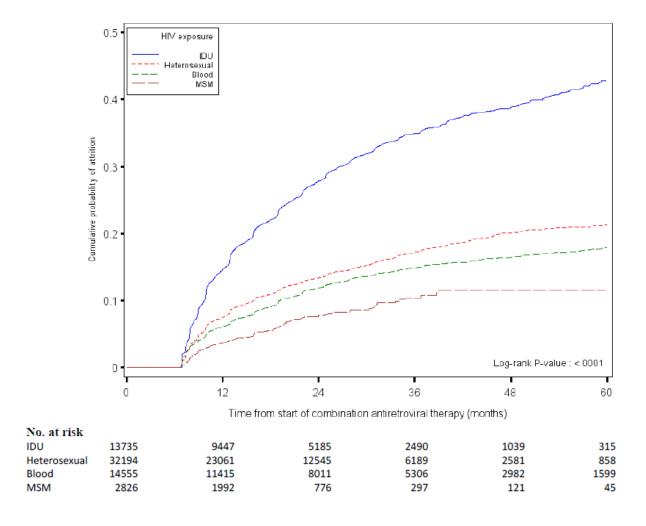
Clinical criteria	Laboratory criteria	Recommendation
Acute syndromes	Any CD4 level	Recommend to treat
WHO Stage IV/ III	Any CD4 level	Treat
Any WHO stage	CD4 ≤350/mm ³	Treat
Any WHO stage	CD4 between 350 - 500/mm ³	When patient meet one of the following requirements below: 1, higher viral load (e.g. >100000 copies/ml); 2, rapidly declining CD4 (e.g.> 100/mm³ decrease per year); 3, age >65; Recommend to treat, but the patient should have the treatment willingness and good adherence.
Any WHO stage	Any CD4 level	When patient meet one of the following requirements below: 1. Pregnancy** 2. HIV-positive person in couples or steady sex partners. *** 3. co-infected with active HBV; 4. HIV associated nephropathy; 5. co-infected with active TB Recommend to treat, but the patient should have the treatment willingness and good adherence.

Attrition among Human Immunodeficiency Virus (HIV)-Infected Patients Initiating Antiretroviral Therapy in China, 2003–2010



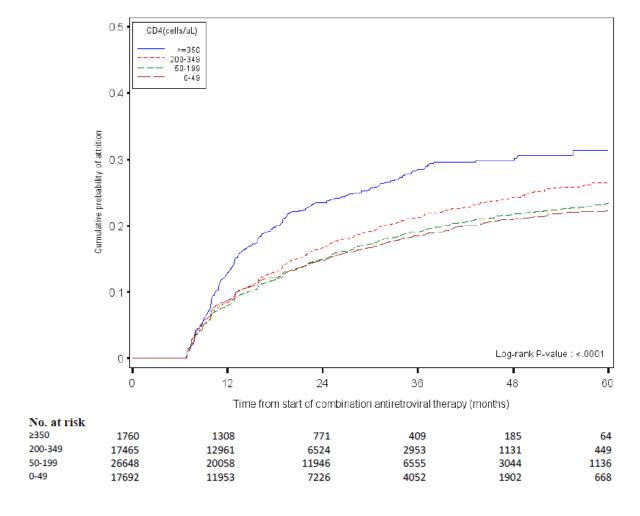
Hao Zhu and Fujie Zhang et al, Plos One 2012

Attrition among Human Immunodeficiency Virus (HIV)-Infected Patients Initiating Antiretroviral Therapy in China, 2003–2010



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Hao Zhu and Fujie Zhang et al, Plos One 2012

Conclusion from the Study:

- ART can effectively reduce the HIV transmission among serodiscordant couples
- Adherence is one of the most challenging issues
- Other intervention including condom distribution should be strengthened to maximize the prevention result

Factors Influence the ART Result

Patients

If ART can life-long?

Life quality

Side effects of the medicine

Reveal infection-Stigma

Medical resources limitated

HIVDR

Drug interaction

ART benefits to the patients should be emphasized and convinced

Acknowledgement

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Thank you for your attention!

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2011 Estimated for the HIV/AIDS Epidemic in China

- ➤ By the end of 2011, 780,000 (620,000–940,000) people were living with HIV/AIDS (PLHIV) in China,
- Of whom 154,000 (146,000–162,000) were living with AIDS. 28.6% were female.
- National HIV prevalence was 0.058% (0.046%–0.070%)

Reported HIV/AIDS Transmission Rout Constituent Ratios

